

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>15-6027</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0030300		ODHS USE ONLY - DO NOT MARK ABOVE		
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH <b>4/16/15</b>		DAY <b>THUR</b>		
CRASH OCCURRED ON <b>1699 DEERFIELD RD (YMCA) LEBANON, OH 45036</b>		WITHIN THE INTERSECTION OF				TIME <b>0733</b>				
IF NOT IN INTERSECTION ____ MILES ____ FEET W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE				
LOG-1	LOG-2	LOC JUR FH9 FILT								
A	UNIT NO <b>01</b>	NO OF OCCUPANTS <b>0</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>SENTRY SELECT</b>			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>Policy #: 24-513020150</b>							
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS		PHONE						
<b>McCLUSKEY CHEVROLET INC.</b>		<b>9673 KINGS AUTOMALL DR. CINCINNATI 45249</b>		<b>513-761-1111</b>						
VEH YR <b>2015</b>	MAKE <b>CHEV</b>	MODEL <b>MALIBU</b>	COLOR <b>MAR</b>	STYLE <b>4s</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>146 9614</b>	TOWING SERVICE	VEH/PED DIR		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
8	UNIT NO <b>2</b>	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>UNK.</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS		PHONE						
VEH YR		MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR	
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FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES		
ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
ADDRESS		PHONE		SEX	A B C D E F		CONDITION			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
ADDRESS		PHONE		SEX	A B C D E F		ALCOHOL			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED		
ADDRESS		PHONE		SEX	A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION		DRUGS		
A <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD		A <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD		A <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD		A B C D E F		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED		
RECEIVED CALL <b>0733</b>		DISPATCHED <b>0734</b>	ARRIVED <b>0740</b>	CLEARED <b>0756</b>	OTHER TIME <b>00</b>	TOTAL MINUTES <b>23</b>		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		
DATE REPORT FILED <b>4/16/15</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>HOLBROOK</b>		BADGE NO. <b>127</b>	CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		